

Personnel Staff Request

Name of Supervisor/Requestor: \_\_\_\_\_

Name of New Hire: \_\_\_\_\_  PSID: \_\_\_\_\_

New Hire Email Address: \_\_\_\_\_

Funding/Cost Center: \_\_\_\_\_

Ex: 2072-H0508-B0001-G000000 or ST - 12345

Proposed Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Monthly/Biweekly \_\_\_\_\_ Proposed Pay Rate : \_\_\_\_\_

Proposed Room/Office #: \_\_\_\_\_

***For All Positions:***

Currently Employed On Campus:  Yes  No Dept/College: \_\_\_\_\_

Employment Type:  Full Time  Part Time  
(Check all that apply)  Permanent  Temporary

GTF Eligible:  Yes  No Job Title: \_\_\_\_\_

Financial Conflict of Interest:  Yes  No Gift Card/Cash Handling:  Yes  No

***For Student Positions:***

Enrolled  Not Enrolled Semester: \_\_\_\_\_

Requestor: By signing this form you acknowledge the information concerning the employment of the above named individual is accurate. Upon assignment end or termination, you agree to notify the appropriate office immediately so proper action can be taken.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

After completion and submittal of this form, please send the prospective employee to the appropriate office for processing. All employees must provide documentation to establish identity and employment eligibility.

Business Office Use Only	
Position #:	Job Code #:
Remarks after processing:	

Please make sure to include all information to avoid delay in processing